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Name: Greg HeinkelSigned: [Signature]Date: 7/8/04

Appl. No. : 09/894,857 Confirmation No. 3695  
Applicant : Lee  
Filed : June 27, 2001  
TC/AU : 2821  
Examiner : Lee, Wilson  
Docket No. : 02174-005000  
Customer No. : 20350

Commissioner for Patents  
P.O. Box 1450  
Alexandria VA 22313-1450

## AMENDMENT

Sir:

In response to the Office action mailed April 8, 2004, please amend the above-identified application as follows and consider the accompanying remarks:

**Amendments to the Specification - NONE.**

**Amendments to the Claims** are reflected in the listing of claims which being on page 2 of this paper.

**Amendments to the Drawings - NONE**

**Remarks/Arguments** begin on page 13 of this paper.

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PTO/SB/21 (04-04)

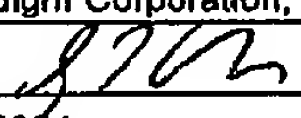
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<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>		Application Number	09/894,857
		Filing Date	Jun 27, 2001
		First Named Inventor	Lee, Michael
		Art Unit	2821
		Examiner Name	Lee, Wilson
Total Number of Pages In This Submission	15	Attorney Docket Number	F102.K1.US

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks _____		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Gregory L. Heinkel Reg. No. 44,755 c/o Fluidigm Corporation, 7100 Shoreline Court, So. San Francisco, CA 94080 (650) 266-6036
Signature	
Date	July 8, 2004

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Typed or printed name	Gregory Heinkel		
Signature		Date	July 8, 2004

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